

severe clinical risk group for which the criteria are met, and the clinical risk groups comprise:

- catastrophic conditions;
- dominant and metastatic malignancies;
- dominating chronic disease three or more organ systems;
- significant chronic disease in multiple organ systems;
- single dominant or moderate chronic disease;
- minor chronic disease in multiple organ systems;
- single minor chronic disease;
- history of significant acute disease; and
- healthy.

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### Remarks

Claims \* remain in this application. Claims \* have been amended. No new matter has been added. Replacement pages reflecting the changes to the claims are attached in accordance with 37 C.F.R. §1.121. To facilitate the understanding of this response, Applicants have set forth Applicants' arguments in specific headed paragraphs. Favorable reconsideration of this application as amended is requested.

#### ***Rejection under 35 U.S.C. § 112, second paragraph***

Claim 5 is rejected under 35 U.S.C. § 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

The Examiner has stated that the phrase "the severity of illness leveling matrix" lacks antecedent basis. Applicants respectfully point out that the phrase "a severity of illness leveling matrix" is first introduced in claim 4, wherein the method of claim 1 is further defined by the step defining "a severity of illness leveling matrix." (See claim 4, line 1-2).

Applicants respectfully request the Examiner withdraw all 35 U.S.C. § 112, second paragraph rejections to claim 5.

***Rejection Under 35 U.S.C. § 102(b)***

Claims 1-8, 10, and 12 are rejected under 35 U.S.C. § 102(b) as being anticipated by DXCG Document.

The Examiner has stated that the reference entitled DXCG Document is four pages of screenshots obtained from DXCG.com. The document includes two sections. The first section is entitled "From Diagnosis Codes to Diagnostic Cost Groups" and "How DXCG Models Predict Resource Use."

The Examiner goes on to further described what is disclosed at the DXCG.com website.

Applicants respectfully suggest that there is a fundamental distinction between the Hierarchical Coexisting Conditions (HCC) disclosed at DXCG.com and the claims of the present invention.

The severity categorization used by HCCs refers to the relationship between different diseases within a common body system rather than distinctions made within a specific disease, as is claimed in the present invention. The Clinical Risk Groups (CRGs) severity adjustment of the present invention refers to the severity of illness leveling matrix that has no HCC counterpart. For example, while HCC may identify congestive heart failure, CRGs would identify congestive heart failure and in addition, specify its relative severity, a task that is not disclosed in the documents from DXCG.com.

Therefore, in view of the non-disclosure of the present invention in the reference cited by the Examiner, Applicants respectfully request the Examiner withdraw all 35 U.S.C. § 102(b) rejections from the claims.

Applicants have amended claims 9 and 11, as suggested in order to facilitate allowance of these particular claims.

Applicants respectfully suggest this paper is fully responsive to the Office action and the remarks and amendments have resolved the Examiner's outstanding objections and rejections. However, if after fully considering Applicants' response, there are issues remaining, Applicants request the Examiner telephone the undersigned to timely resolve any remaining issues.

Please charge any fees that may be associated with this paper to Deposit Account  
No. 13-3723.

Respectfully Submitted,

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U. S. Serial No. 09/302,336

Page 5

**Version with markings to show amendments made:**

9. (Amended) A method of creating a classification system for rating the nature and severity of health care requirements, characterized by:

(a) obtaining a set of medical care codes;  
(b) categorizing the medical care codes into major disease categories;  
(c) categorizing the medical care codes into episode disease categories based on the severity and persistence of the disease, and assigning each episode disease category to a major disease category;

(d) sub-dividing at least some of the episode disease categories by severity of illness, wherein the classification system is applied to historical information for individuals and populations to group them according to the classification system; and

(e) defining criteria for aggregating the episode disease categories and severity of illness levels to assign an overall clinical risk group and severity of illness rating to an individual patient. [The method of claim 7,] wherein the selection criteria for selecting the primary chronic disease comprise:

ranking the episode disease categories in each major disease category by severity;  
adjusting the ranking based on the presence and severity of episode disease categories in other major disease category;

selecting as the primary chronic disease the highest adjusted rank episode disease category in each major disease.

11. A method of creating a classification system for rating the nature and severity of health care requirements, characterized by:

(a) obtaining a set of medical care codes;  
(b) categorizing the medical care codes into major disease categories;  
(c) categorizing the medical care codes into episode disease categories based on the severity and persistence of the disease, and assigning each episode disease category to a major disease category;

(d) sub-dividing at least some of the episode disease categories by severity of illness, wherein the classification system is applied to historical information for individuals and populations to group them according to the classification system; and

(e) defining criteria for aggregating the episode disease categories and severity of illness levels to assign an overall clinical risk group and severity of illness rating to an individual patient,

wherein the criteria assigning the overall clinical risk group comprise: (i) defining criteria for a series of risk groups ranked in order of declining severity; (ii) comparing the primary chronic diseases to the criteria for each risk group, and (iii) assigning the most severe clinical risk group for which the criteria are met, and [The method of claim 10, wherein] the clinical risk groups comprise:

- catastrophic conditions;
- dominant and metastatic malignancies;
- dominating chronic disease three or more organ systems;
- significant chronic disease in multiple organ systems;
- single dominant or moderate chronic disease;
- minor chronic disease in multiple organ systems;
- single minor chronic disease;
- history of significant acute disease; and
- healthy.